FAMILY CARE NETWORK, INC.
a circle of serving

Section-1: **The Family Care Network MHSA FSP Programs Proposal Cover Sheet**

Project Title: FCNI Child & Youth and TAY Full Service Partnership Program

Organization Name: Family Care Network, Inc. (FCNI)

Executive Director: Jim Roberts

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Funds Requested: $2,804,000 over 3 years ($1,784,000 MHSA + $1,200,00 EPSDT)

Description of Proposed Services:

FCNI will provide a full range of intensive, clinical and wellness services, 24/7, to Child & Youth and TAY clients, using a "Wraparound", "whatever it takes" model. Service delivery will primarily be field-based, at days, times and locations convenient to clients, and include traditional clinical/wellness, as well as community-linked interventions.

Section-2. **Project Summary**:

Family Care Network, Inc. (FCNI) has been providing intensive, community-based children, youth and family services in San Luis Obispo County for over 27 years, including over 15 years as a state certified "Specialty" Mental Health Services Provider. In the eight-plus years the Full Services Partnership program has operated in San Luis Obispo County, the Family Care Network has been a service delivery partner, providing the Rehabilitation Specialist services for the **Children & Youth** and **Transitional Age Youth** components. This proposal will provide clinical services and supports for the **Children & Youth** and **Transitional Age Youth** programs, through a similar service delivery construct, while adding some significant additional features.

The basic program model will consist of: 1) Public Awareness and Outreach; 2) Engagement and Enrollment; 3) Strength-Based Assessment; 4) Service Planning and Implementation; 5) Monitoring and Adapting; 6) Transition; and 7) Outcome Evaluation and Reporting. Details of this model are presented in the Work Plan below.

Unique Proposal Features include:

- FCNI has been in a long standing partnership with San Luis Obispo County's Behavioral Health Department, as well as Social Services, Probation, County Office of Education and all regional School Districts, and other significant CBOs; thus, enabling effective collaboration and seamless service delivery coordination.
- FCNI will provide services, as needed, on a 24/7 basis, weekends, evenings and at times and locations convenient for children, youth, TAY and families. FCNI maintains services locations throughout the County and has staff assigned to all of the regional SAFE and/or Community Resource Center sites.
- FCNI has over 20 years of experience successfully providing services using a client/team-decision, Child/Youth & Family Team model. This includes assisting clients in developing a community-based support network as a key component to long-term success and self-sufficiency.
- The Family Care Network specializes in treating children and youth impacted by trauma, who have Adverse Childhood Experiences. All FCNI clinical staff and foster parents are also trained in Trauma-Informed Interventions and the agency has trained over 400 individuals throughout the Central Coast in Trauma-Informed Interventions. Additionally, FCNI has employed an Evidence-Based approach to service delivery in all of its programs and services.
- FCNI has a well-established Community Resources Development (CRD) Department with extensive connections throughout San Luis Obispo County. CRD has the ability to secure goods and services, mentors, tutors and community supports to meet child, youth and family needs.
- As San Luis Obispo County's SB 163 Wraparound Services provider, FCNI is willing to engage the Department of Social Services with regard to: 1) Creating a seamless nexus and integration between SB 163 Wraparound, the FSP Children & Youth and TAY Services programs; and 2) Augmenting the FSP program with a "Flexible Funding" component utilizing the Wraparound Reinvestment Reserve held by FCNI. This would enable us to meet specific, approved emergency, crisis and special needs not otherwise funded.
- The Family Care Network has the capacity, infrastructure, personnel and expertise to fully execute a "**whatever it takes**" approach to serving Children, Youth and Transitional Age Youth clients.

The Family Care Network is proposing and prefers to provide all of the clinical services and supports for the Children & Youth and TAY Programs, but is willing to continue providing standalone Rehabilitation Specialist services.

Section-3. Organization:

Family Care Network, Inc. (FCNI) was founded as a California public benefit corporation in August of 1987 by current CEO, Jim Roberts, with the purpose of creating family-based treatment programs as an alternative to group home or institutional care of children and youth. Shortly after being incorporated, FCNI was licensed by the State of California Community Care Licensing Division as a Foster Family Agency (FFA). In the last 27+ years, FCNI has grown to operate 19 unique programs designed to strengthen and preserve families and individuals impacted by trauma, serving San Luis Obispo and Santa Barbara counties under the mission: ***"To enhance the wellbeing of children and families in partnership with our community."***

From 1988–1992, FCNI primarily provided therapeutic foster care and a few small grant programs providing community-based clinical services. Beginning in 1993, FCNI started to work very closely with San Luis Obispo County in developing and implementing new programs and methods for serving high-needs, at-risk children and youth based on Best Practices Principles: Family-Based, Solution-Focused, Community-Based, Needs-Driven and Strength-Based. These services include several delinquency prevention/treatment programs, services based on Wraparound principles and practices; Therapeutic Behavioral Service (TBS) and advanced therapeutic foster care models.

In 1995, FCNI was certified as an Intensive Treatment Foster Care (ITFC) provider for San Luis Obispo County. In 1999, FCNI was licensed as a Transitional Housing Placement Program (THPP) provider, the third licensed THPP provider statewide, and became a state certified Short-Doyle MediCal provider and began providing TBS services. In 2000, the agency was the third in California to begin delivering SB 163 Wraparound services. In 2004, FCNI started providing THP+ services in SLO County and then in Santa Barbara County in 2007. And in 2014, FCNI became a state licensed Adoption agency.

The agency has continued to add additional services and programs throughout our 27+ year history. Currently, the Family Care Network operates 19 distinct services delivered in five program divisions: 1) Resource (Foster) Family Services; 2) Family Support Services; 3) Transitional Age Youth Services (TAY); 4) Early Intervention & Prevention Services; and 5) Community-Linked Services. The Family Care Network specializes in treating children and youth who have been impacted by trauma and who have had Adverse Childhood Experiences. FCNI trains all clinical staff and foster parents in Trauma-Informed Interventions.

The Family Care Network has always targeted SED, SPMI and traumatized (ACE) children and youth as our primary services population. Since our inception, the organization has only hired LPHA or LPHA-eligible Social Work staff, and has always delivered mental health services as needed. As mentioned, the organization became a certified Medi-Cal-EPSDT in 1999. In the past 10 years, FCNI has billed 17,411,781 units of Specialty Mental Health services, totaling $32,220,985 and in our entire EPSDT delivery history, we have not had one audit disallowance resulting in a payback to the county/state.

Historically, the Family Care Network has served nearly 15,000 children and youth, ages 0-24, including homeless youth. Currently, the agency serves on average 300 to 400 children, youth and/or families per month, totaling 1,500 to 1,700 per year; and presently has approximately 170 paid staff and over 200 volunteer staff.

FCNI was accredited in 2006 and re-accredited in 2010 as a Foster Family Agency, Family-Based, Mental Health and TAY Services provider with the California Alliance of Child & Family Services. In early 2014, Family Care Network programs received National Accreditation through the Joint Commission on Accreditation, the highest level of accreditation an agency of our kind can earn.

The agency is a good-standing member of the California Alliance of Child and Family Services (CACFS), the National Foster Family Treatment Association (FFTA), the California Alliance of Nonprofits, the National Wraparound Initiative and Consortium of Transitional Age Youth service providers.

Section-4. Project Description:

***a. Summary of approach, ensuring adherence to the Guiding Principles of MHSA*:**

FCNI's service delivery approach for nearly 27 years has been based on the following Essential Elements of Care, which incorporate and expand upon all the MHSA Guiding Principles: 1) Community Collaboration; 2) Culturally Competent; 3) Client & Family Driven; 4) Focused on Wellness & Recovery; and 5) Integrated Services. All FCNI staff are trained and required to have a working knowledge of these essential elements, and all services provided are measured against these guiding principles.

Family Care Network Essential Elements:

- **Voice and Choice:** Families must be full and active partners at every level of the treatment process. If the team cannot reach a consensus, the final decision should be up to the caregiver.
- **Child and Family Team and Youth and Family Team (CFT):** FCNI's approach to care involve a client/team-driven process including caregivers, child and/or youth, natural supports and community services working together to develop, implement and evaluate the individualized plan.
- **Community-Based Services and Supports:** Services and support received by the child/youth and family should be made available within their community. The family should not have to leave their community if more restrictive services are necessary.
- **Cultural Competence:** The CFT should not only be respectful of the child's/youth's/family's beliefs and traditions, but also actively seek to understand their unique perspectives and convey them to others while integrating them into the planning process.
- **Individualized Services:** Services and supports are tailored to the unique situations, strengths and needs of each individual and are specifically designed to promote Wellness, Recovery and Resiliency. Services will include traditional clinical interventions and informal supports and a process for modifying existing and/or creating new services and supports. Further, in addition to creating a specific plan to meet the child's/youth's/family's goals, the CFT will create a crisis/safety plan to manage potential emergencies and a transition plan.
- **Strength-Based Services:** The focus of the CFT should be on what works well for the child/youth/family. Goals should be determined by considering the clients' positive abilities and characteristics.
- **Natural Supports:** Services and supports should reflect a balance of formal, professional services and informal community and family supports, with the goal to transitioning clients to natural supports and self-sufficiency.
- **Persistence:** Services and supports must be provided unconditionally. In a crisis, services and supports should be added rather than creating a disruption or new placement.

- **Collaboration:** The CFT should coordinate services and supports so they appear seamless to the client and family rather than disjointed or fragmented.
- **Flexible Funding and Resources:** Successful treatment teams are creative in their approach to service delivery and have access to flexible funds and resources to implement the goals outlined in their Child and Family plans. A high value is placed on meeting client/family needs through Community Resources.
- **Outcome-Based Services:** Specific, measurable outcomes should be monitored to assess the child's/youth's/family's progress toward the recognized goals.

***b. Target population to be served, including demographics, geographic locations and levels of risk*:**

FCNI's FSP program will target two age groups: 1) **Children and Youth**, ages 0-18 and 2) **Transitional Age Youth** (TAY), ages 16-25. Consistent with our agency's service delivery history, our FSP Services will serve children and youth with severe emotional disturbances or serious mental illnesses who are high-end users of the Children's System of Care, as well as those youth who are at-risk of being placed in out-of-home care; who have had multiple placements and/or are ineligible for SB163 Wraparound because they are not wards or dependents of the court; youth who have a chronic history of psychiatric hospitalizations and/or law enforcement involvement and/or co-occurring disorders; and foster youth who have had multiple placements or are aging out of the foster care system. Additionally, the Family Care Network specializes in treating children and youth impacted by trauma who have Adverse Childhood Experiences.

Family Care Network's experience providing children and youth with the aforementioned conditions and at-risk behaviors is extensive. FCNI has been providing trauma-informed clinical and rehabilitation services to San Luis Obispo County for over 27 years. This has included: Therapeutic Foster Care, Home-based children's mental health services, TBS, IHBS, SB 163 Wraparound, TAY Supportive Housing, School-based mental health services, outpatient counseling; as well as providing an array of Prevention and Early Intervention services designed to keep children and youth from entering the Child Welfare or Juvenile Justice System.

All FCNI clinical staff are trained in treating clients with co-occurring disorders. FCNI collaborates with SLO County Behavioral Health on staff development in this regard; plus, our core, mandatory, clinical services training program includes completion of a five-part series, "Helping People Change" by David Mee-Lee, M.D. Treatment interventions addressing co-occurring disorders are routinely included in client CCCP's. All FCNI clinical staff are also trained in Trauma-Informed Interventions and the agency has trained over 400 individuals throughout the Central Coast in Trauma-Informed Interventions.

Geographically, FCNI has the infrastructure to provide FSP services to children and youth who reside throughout San Luis Obispo County, including North County, South County, the Coastal towns and the City of San Luis Obispo. We have service locations/offices throughout the County and staff assigned to all of the regionalized SAFE sites and/or Community Resource Centers.

***c. Work Plan*:**

FCNI's Full-Service Partnership Program will fall under our **Family Support Services Division**, with services goals: 1) to maintain children/youth in a permanent and stable family setting; 2) prevent the

removal and placement of children/youth into institutional care; 3) stabilize behaviors to encourage positive life choices; 4) strengthen and empower caregivers to develop the resources and skills needed to effectively parent; and 5) assist children/youth/families in developing community-based support system to become self-reliant.

The Family Care Network FSP Program encompasses seven components: 1) Public Awareness and Outreach; 2) Engagement and Enrollment; 3) Strength-Based Assessment; 4) Service Planning and Implementation; 5) Monitoring and Adapting; 6) Transition; and 7) Outcome Evaluation and Reporting. The following is a detailed description of our work plan and of the activities associated with each program component. A graphical depiction of our Work Plan is provided in the Staff Schedules, Flowcharts and Timelines section below.

1. **Public Awareness and Outreach:** The Family Care Network will initiate and maintain an extensive Public Awareness and Outreach effort for the FSP Program. This will include, but not be limited to:
   a. Utilizing the agency's extensive Public Relations and Marketing network, including media connections, website, social media/networking capacity and substantial community connections;
   b. Engaging our Public and CBO partners, including our County partners, school districts, law enforcement, homeless shelters, Community Action Partnership, Transitions-Mental Health Association, People's Self Help, CRC's, FFAs and other local service delivery providers;
   c. Engaging the local Physical and Behavioral Health community including: 1) physicians, 2) psychiatrist/psychologist, and 3) mental health therapist and clinics; and
   d. Provide outreach: 1) to our broad-based client population, especially within our TAY Services programs; 2) through Probation and the Sheriff's Department; 3) within the Homeless Centers; and 4) other organizations which serve clients which meet the FSP characteristics.

2. **Engagement and Enrollment:** Individuals interested in FSP services will be directed to the County Behavioral Health Department (SLOBHD) who will serve as the "gatekeeper," making referrals to and placements within the FSP program. Engagement and Enrollment activities will be as follows:
   a. Throughout ongoing Public Awareness and Outreach efforts, and upon referral from SLOBHD, FSP staff will fully engage potential participants to explain services and benefits, describe the process and answer important program and services questions;
   b. Program enrollment will be on an ongoing basis, fully coordinated through SLOBHD;
   c. With children, 0-18, engagement will also include family/caregivers; and for potential TAY participants, youth will be encouraged to include family, friends and significant others in the engagement process; and
   d. In the engagement process, an FCNI LPHA qualified Social Worker will meet with the child and family, or TAY to fully explain the program services and its benefits, the assessment and planning process, the CFT process and answer all of their questions. Additionally, they may begin an informal assessment process to gain a better understanding of the services which might be required.

3. **Strength-Based Assessment:** The Assessment Process is a significant, primary driver of service delivery planning for FSP participants, and will be bifurcated into two assessment focuses:

a. First, the FSP clinician (LPHA qualified Social Worker) assigned to the client will conduct a Mental Health assessment to determine what clinical services are needed to be included in the Individual Treatment Plan in order to most effectively address the client's needs
b. Second, the identified needs and goals obtained through the Mental Health assessment will be presented in a facilitated Child/Youth and Family Team meeting where a broader needs and strengths assessment will be conducted to determine services required in specific life domains in order to promote Wellness and Recovery. This assessment's focus will also include a thorough analysis of the child's/youth's/family's culture, beliefs and traditions, actively seeking to understand their unique cultural perspectives and integrating them into the planning process.
c. The results of the assessment process will be translated into a comprehensive, Individualized Services Plan to ensure that the client's needs are being effectively addressed

4. **Service Planning, Implementation and Delivery:** The Family Care Network's Service Planning, Implementation and Delivery practices are comprehensive and dynamic; and they are described below.
   a. Planning: It is the responsibility of the LPHA qualified Social Worker to create an Individualized Service Plan, incorporating information from the mental health assessment process and CFT input. FCNI requires the development of the following plans for all cases:
      i. **Mental Health ISP/ITP and Wellness-Recovery Plan**: In some cases, the Wellness-Recovery Plan is rendered in a separate document
      ii. **Child/Youth Safety Plan**: Identifies all dangerous propensities and/or risk areas and creates a proactive approach to prevent and respond to risky behavior
      iii. **Transition Plan**: Identified at the beginning of each case, setting forth a specific plan to move the foster child to reunification or other permanent or less restrictive placement
      iv. **Aftercare Plan**: Addresses the specific services required to maintain child/youth stability upon completion of the program

   b. Implementation:
      i. Once the LPHA/Social Worker has created a Case Plan based on the assessment process and CFT input, it is their responsibility to coordinate plan implementation through an Intensive Care Coordination Process
      ii. Plan Implementation is also a client/team-driven CFT process. It is the LPHA/Social Worker's responsibility is to ensure that all CFT members understand their assigned activities in carrying out the plan. Planned activities are bifurcated into two services arenas:
         1. **Clinical Services** to support the Mental Health Plan objectives and may include any Specialty Mental Health Services, including: ICC/Targeted Case Management, Individual/Group Therapy, Individual/Group Rehabilitation, 24/7 Crisis Intervention & Stabilization, Collateral, IHBS or TBS
         2. **Wellness & Recovery Services** to support a broader range of needs identified in the ISP/ITP. FCNI currently provides a wide range of Wellness and Recovery Services throughout multiple programs, which are discussed in detail under **Service Delivery** below.

   c. Service Delivery: The following are the Family Care Network's unique, embedded practices employed to meet the individualized needs of FSP clients:

i. All services are community-based, delivered "in the field", and at times, days and places requested by our clients; including weekends, evenings and holidays. At present, 80% of all Family Care Network services in all programs are delivered "in the field."
ii. All FCNI staff are trained in Trauma-Informed, trauma-specific interventions
iii. All FCNI clinical staff are trained in treating clients with co-occurring mental health and substance abuse disorders and integrating these services into client ISP/ITP planning
iv. FCNI maintains a large pool of bilingual/bicultural Spanish speaking staff at all levels, to meet the language needs of our county
v. In addition to Trauma Informed interventions, FCNI employs a number of evidence-based practices identified by SAMHSA, including: CBT & TF-CBT, Wraparound (FCICM), MAP, TIPS and TFC
vi. FCNI has been utilizing a team-driven service delivery approach for over 20 years, and all clinical staff are trained in facilitating Child/Youth and Family Team meetings; again, at times, days and locations convenient for the child and family/caregiver or TAY participant
vii. FCNI uses a clinical practices model when required, where one individual LPHA qualified Social Worker is assigned to provide Case Management/ICC, and another provides clinical/therapeutic services, (i.e., individual, group or family therapy), in order to avoid potential roll-conflicts
viii. FCNI provides 24/7 emergency/crisis services which include: 1) LPHA qualified clinical support, 2) Rehabilitation/Behavioral Specialist (similar to IHBS & TBS) support intervention, 3) Bilingual Spanish clinical and RS support, and 4) Supervision, management and administrative support
ix. FCNI provides a broad range of Rehabilitation Services in order to achieve the specific needs identified in the ISP/ITP, including but not limited to: restoring or maintaining an individual's social skills and socialization, grooming and personal hygiene skills, meal preparation and support, (i.e., training in leisure activities; stress, behavioral and/or anger management, et cetera)
x. Lifeskill Development: The Family Care Network has published and uses extensively, a comprehensive workbook for Transitional Age Youth (ages 16-25) entitled the *LIFEBOOK*©, a time-tested, evidence-based, results-producing workbook designed to successfully guide TAY to self-sufficient independent living. The *LIFEBOOK*© contains a comprehensive set of activities within seven life domains designed to fully equip a TAY with the skills needed to successfully live on their own. These domains include: 1) Planning and Organizing; 2) Educational Achievement; 3) Employment and Career; 4) Community Supports; 5) Personal Living; 6) Finances and Savings; and 7) Health and Safety.
    1. Every TAY is administered an Ansell Casey Lifeskills Assessment Instrument to determine individual lifeskill strengths and life domains where skill development is necessary
    2. All FCNI Rehabilitation Specialist are trained in guiding TAY through lifeskill development activities
    3. FCNI maintains a close working relationship with Cuesta College to provide additional education and training for TAY clients
    4. The *LIFEBOOK*© activities include all of the Wellness and Recovery services identified in the RFP, including, but not limited to: money management; transportation; securing housing; accessing healthcare services; vocational and career planning, and development;

meal planning and preparation; healthy lifestyles; maintaining safe; healthy relationships; et cetera

5. FCNI has also developed and maintains an information/resource packed website specifically designed for TAY clients (tayconnected.com). This website contains multiple links and resources/tools for employability, employment and career development

xi. Peer Services & Supports:❖ FCNI utilizes Family and Youth Partners to support and guide clients through services. Our Youth Partners are former consumers who have been specifically trained to: help our clients navigate the system, access services, be good listeners, facilitate support groups, provide training to assist with crises and provide encouragement.

xii. Community Resources:❖ As indicated above, the Family Care Network maintains a comprehensive Community Resources Development (CRD) department which has the ability to secure goods and services, mentors, tutors and community supports to meet child, youth and family needs. Our CRD's goal is to link TAY and families to sustainable resources within their community, specific to their culture, faith and community, in order to enhance self-sufficiency and end system dependency. Examples may include affordable housing, household appliances, food, automobile repair, transportation, vocational training, et cetera.

xiii. Mentoring:❖FCNI has been operating a Mentoring Program for over 15 years, and is able to provide mentoring relationships in order to strengthen children, youth and families through positive adult relationships. Mentoring can make a significant difference in single or absent parent households. TAY youth can benefit from mentors who provide job coaching and the wisdom of real-life experience.

xiv. Tutoring:❖ FCNI maintains an Education Support Services Coordinator to arrange for tutorial services to children and youth, including trained reading specialist, and to assist them in achieving their educational and/or vocational goals.

xv. The Family Care Network maintains an extensive Training Program❖which is made available to parents/caregivers and TAY as another opportunity to learn new skills and achieve life goals. Examples include: Trauma Informed Care; Relationship Enhancement Training (RET); Professional Assault Crisis Training (Pro-ACT); Adult and Child/Infant First Aid and Cardiopulmonary Resuscitation (CPR) Training; Water Safety; Anger Management; Life-Skills Management; and much more.

xvi. ❖Emergency Flexible Funding could be made available with the approval and authorization of the County Department of Social Services. These funds could be used for assisting families with a variety of needs related to sustaining the family and enhancing their ability to move toward independence and community reliance. Examples include: securing and maintaining housing, transportation, employment, social skills and esteem building activities and urgent essential needs related to living, (i.e., utilities, clothing, food, emergency repairs, et cetera).

❖**NOTE:** *Only available if FCNI is awarded the full Children/Youth and TAY FSP programs.*

d. Personnel and Qualifications: As a multi-program, nationally accredited Behavioral Health provider, the Family Care Network has the full range of administrative, supervisorial, clinical, medical records and support staff necessary to effectively operate the Children and Youth and TAY FSP programs. Specifically, the agency's FSP program budget includes: one (1) fulltime Program Supervisor; four (4) fulltime LPHA qualified Social Workers, four (4) fulltime MHRS

qualified Rehabilitation Specialists; one (1) part-time (OQP) Family Partner; and one (1) part-time (OQP) Youth Partner. The following is a description of the FSP key staff positions and qualifications:

i. Social Worker: FCNI employs only mastered-level, LPHA qualified Social Workers, i.e. licensed MFT/LCSW or MFT/LCSW license-track interns. Social Workers are specifically trained and experienced to work with the target population and must maintain good status with the BBSE. FCNI Social Workers perform all of the clinical services duties described above.
   1. One (1) qualified Social Worker will be assigned to each FSP team (two-Children/Youth and two-TAY)
   2. FCNI maintains a number of licensed LCSW/MFT personnel able to provide BBSE required supervision

ii. Rehabilitation Specialist: One of the primary components of the FCNI FSP program is the use of a Rehabilitation Specialist counselor. Rehabilitation Specialists (RS) are all MHRS qualified, requiring a Bachelor's Degree from an accredited college or university in human services (psychology, social services, social work, counseling, human/child development) or a related field of study, and experience working with persons with mental health/special needs in a mental health, social services or human services oriented public/private organization; or an Associate's Degree from an accredited college or university in human services (psychology, social services, social work, counseling, human/child development) or a related field of study, and two years of experience working with persons with mental health/special needs in a mental health, social services or human services oriented public/private organization.
   1. Each counselor will receive a minimum of 80 hours of training specifically related to working with this target population, prior to case assignment
   2. One (1) qualified Rehabilitation Specialist will be assigned to each FSP team (two-Children/Youth and two-TAY)

iii. Family Partner: FCNI utilizes Family Partners extensively in its Family Support, Home-Based programs, and will include family partners in the FSP Children and Family program. Family Partners are "Peers" and an "Other Qualified Provider" under Medicaid staff qualifications requirements. FCNI seeks Family Partners who have parented or are currently the parent/caretaker of a severely emotionally disturbed, special-needs, juvenile offender or "high risk" child or youth. It is also preferred for a Family Partner to have, at minimum, a high school diploma or completed a high school equivalency exam.

iv. Youth Partner: FCNI uses a Youth Partners extensively in its TAY Services Programs and will include this position in the TAY FSP services. The Youth Partner position also qualifies as an "Other Qualified Provider" under Medicaid staff qualifications requirements, and also serves as a "Peer." FCNI seeks youth partners who have successfully completed agency TAY programs, have experienced foster care, juvenile justice intervention or have received mental health services, and can demonstrate that they are successfully managing their life affairs. It is preferred for a Youth Partner to have, at minimum, a high school diploma or successfully completed a high school equivalency exam.

v. Personnel Vetting: All Family Care Network employees are extensively screened and vetted for their appropriateness to work in the human services, behavioral health field. They are required to meet all state criminal record and health screening clearance requirements, and

possess: a valid California Driver's License, automobile insurance and an acceptable DMV record, if applicable. Additionally, all LPHA qualified clinical staff are subject to:

1. Search the exclusion database for potential fraud or abuse in multiple HHS programs from the Office of Inspector General - US Department of Health and Human Services (This is performed on hire and annually on evaluation date)
2. Search the exclusion records from the EPLS (Exclusion Parties List System) from the System for Award Management agency
3. MediCal Suspended and Ineligible Provider List (list C) from the California Department of Healthcare Services
4. Verification of licensure for Social Work staff will be searched with the Board of Behavioral Sciences (This is performed on hire and monthly)

e. Staff Schedules, Flowcharts and Timelines: As mentioned previously, the Family Care Network has the staffing, infrastructure, SLOBHD relationship, connections and work locations necessary to rapidly launch the FSP Children and Youth and TAY Programs. The following are key issues in this regard:

i. Implementation Timeline – FCNI will have no difficulty in implementing the two FSP programs being proposed on July 1, 2015 or sooner. Here are considerations in support of this position.

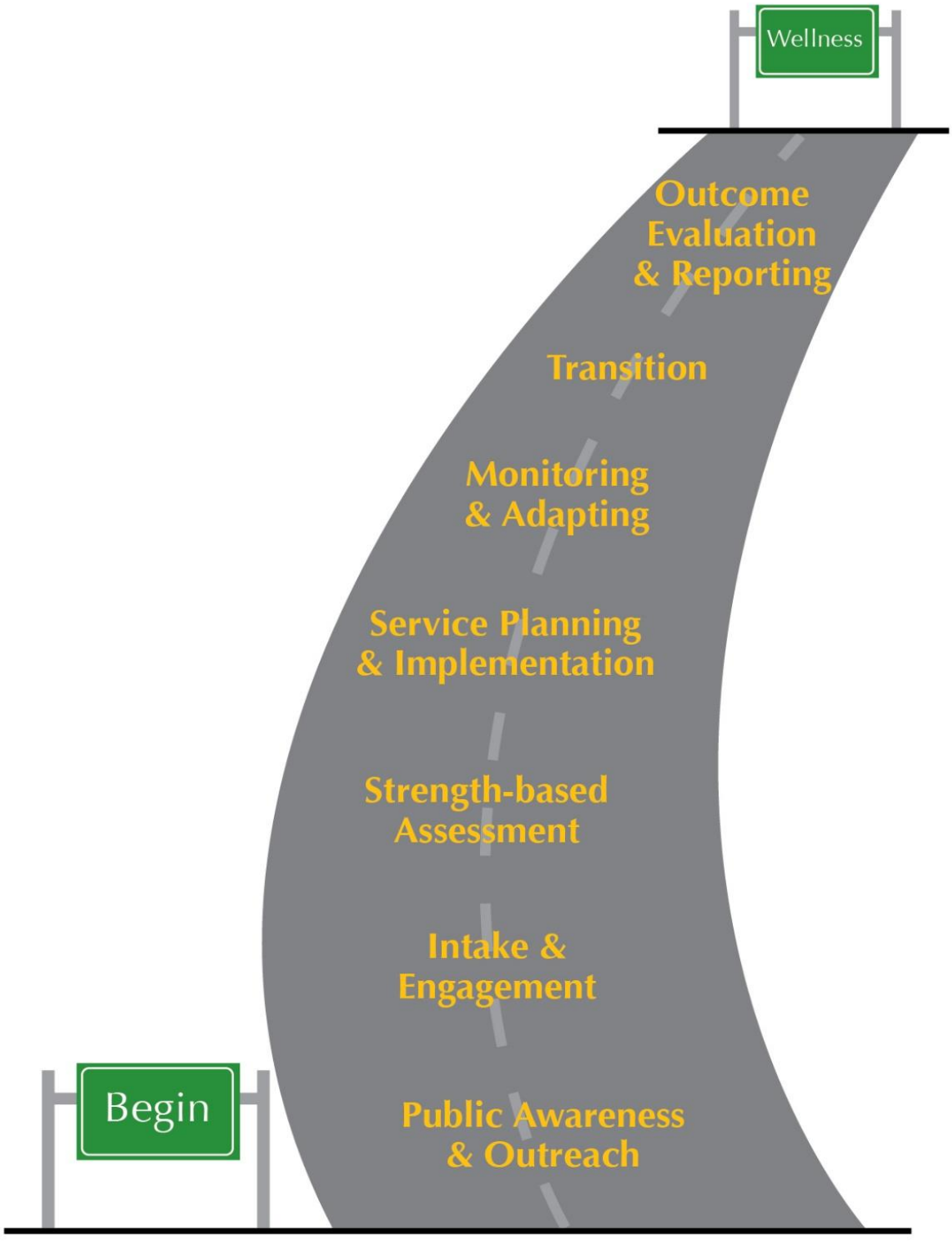
1. Agency administration and management is completely aware of the FSP program, the CEO, Jim Roberts, was involved in the MHSA workgroup which developed the FSP model
2. FCNI has been a participant in the FSP program since it was initially launched, providing staff to the Children and Youth and TAY program teams
3. FCNI has been a contractor with SLOBHD for over 15 years, is fully connected with the department through their electronic medical record system and can seamlessly add the service component
4. The organization has a large pool of qualified staff to assign to this program
5. The agency has been delivering similar programs for nearly 20 years
6. FCNI has maintained as many as five Medi-Cal certified service delivery sites, is fully knowledgeable of statutory requirements and has never been cited for noncompliance

ii. Staff Scheduling:

1. As stated, FCNI provides services on a 24/7 basis; at times, days and locations which best serve our clients, including weekends and holidays
2. FSP personnel will be scheduled in accordance with the needs articulated by FSP clients, which will be identified in their Individual Services Plan
3. FCNI has established and maintains a Scheduling Unit to ensure Rehabilitation Staff are properly assigned to meet client needs in accordance with the ISP

iii. Flowchart: The following is a graphical overview of our Work Plan

FSP: Road to Recovery



5. **Monitoring and Adapting**: Plan Monitoring and Adapting is a dynamic, ongoing process involving all of the FSP-CFT participants. Monitoring and adapting are part of the practice of continually monitoring and evaluating the effectiveness of the plan while assessing current circumstances and resources. It is the part of the planning cycle where the plan is reworked as needed.
   a. The FCNI FSP Social Worker is responsible for day-to-day plan monitoring and for informing the CFT of any changes in the foster child/youth situation which requires a plan modification. Other CFT members are responsible for providing information back to the FSP Social Worker.
   b. For the Children and Youth Program, parents/caregivers are the most important "eyes and ears" in the plan monitoring process. FSP staff will be in frequent contact with parents and caregivers especially upon initial program enrollment and if destabilizing behaviors are present. The parent/caregiver's feedback to the CFT process is critical in determining case plan success and the need for any plan modifications
   c. The FCNI FSP Social Worker is responsible for making all ISPs/ITP changes and plan modifications; and for initiating any adaptions which are necessary for the client's successful completion of treatment goals

6. **Transition:** Transition is the process of moving from formal supports and services to informal supports, when intervention by the formal systems is no longer needed. The successful transition away from formal supports can occur when informal supports are in place, and the support and activities needed to ensure long-term stability are being provided. Here are several key elements of the Family Care Network's transition activities.
   a. The FCNI FSP Social Worker is responsible for initiating and guiding the transition process in concert with the CFT
   b. Transition planning begins with the child and family's or TAY's initial program enrollment. It is included in the strengths assessment, planning process with the CFT
   c. Transition plans must reflect the child and family's or TAY voices and choices, and must ultimately delineate action plans that they have identified as working for them
   d. The FCNI FSP Social Worker will place emphasis upon the importance of the family support team continuing beyond the time of child welfare and/or mental health involvement is emphasized from the beginning process of engagement

7. **Outcome Evaluation and Reporting:** The Family Care Network places a high value on Outcome Evaluation and reporting; and maintains a robust **Total Quality Management** Process, including an electronic medical records information management system, to facilitate ongoing performance evaluation and reporting. Please refer to the Data Collection and Performance Measurement Section below for details in this regard.

Section-5. Data Collection and Performance Measurement

a. Goals of the proposed program: The intent behind the development of the MHSA was to provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services or may have avoided these services for financial reasons. The Family Care Network has established the following five overarching program goals:

- Maintain children/youth and TAY in a family setting or in a stabile living-environment
- Divert children/youth and TAY from hospitalization and/or a more restrictive placement
- Stabilize behaviors of children/youth and TAY to encourage positive life choices, normal everyday functioning and to prepare for successful independent living
- Strengthen and empower parents and caregivers to develop the resources and skills necessary to effectively parent children and youth
- Assist families and TAY in developing a community-based support system to become self-reliant

These goals were developed based on eight years as a partner with SLOBHD in the current Children and Youth and TAY FSP programs, plus 27+ years of providing similar community-based services. Additionally, our SLO SLOBHD contains specific outcomes for the FSP program which we track and report on quarterly.

b. Measurable outcomes to be achieved: The Family Care Network will be tracking measurable outcomes into the following categories: first, what we are deeming "Process Outcomes" enumerated in the county's RFP; and second, performance outcomes based on our current FSP contract.

Agency Process Outcomes: FCNI has the capacity to track the following process outcomes

- Amount of field-based clinical services
- Response to needs of enrolled in a timely manner 24/7
- Provider uses own staff to respond to 100% of individual needs 24/7
- Provider has appropriate client-to-direct service staff ratio (10:1)
- Delivers services to clients with co-occurring substance abuse disorders (at least 60%)
- At the time of admission, provider shall serve uninsured and underinsured clients

Client Performance Outcomes: Based on our current SLOBHD FSP contract, FCNI will continue to track the following measurable outcomes

- 85% of clients are able to remain in current residence
- 85% of clients demonstrate stable functioning—receiving appropriate care, shelter, food and other necessities of life
- 85% of clients demonstrate stable functioning—out of trouble and engaged in self-controlled, positive and non-violent behavior

  FCNI also has the infrastructure and ability to track and report on the following key outcomes for the FSP program:

  - Prevented from institutional or higher-level care
  - Decreased hospitalization and/or emergency room visits;
  - Decreased juvenile justice involvement;
  - Increased number of clients living with family and/or living independently; and
  - Reduced number of clients/families who are homeless.

c. Program objectives to actualize the stated outcomes:

- Because the Family Care Network is currently tracking Children and Youth/TAY FSP outcomes, it is assumed that we would continue to do so, possibly making some minor modifications to add additional outcomes
- FCNI utilizes a proprietary EHR/client information management system and the process of adding additional outcomes to measure, (i.e. the Process Outcomes indicated above), is fairly quick and routine

d. How results will be measured, including method for tracking, collecting and gathering data (includes samples of agency measurements tools):

1. The Family Care Network has been tracking program outcomes for every service and program we provide since our inception in 1987. Here is a summary of our current methodology and practices:
   a. FCNI maintains a **Total Quality Management** (TQM) program which consist of multiple elements:
      i. FCNI maintains a full-time Quality Management Coordinator to oversee our TQM process, assisted by two part-time assistants and a TQM Workgroup
      ii. A comprehensive Continuous Quality Improvement (CQI) process used to develop, monitor and report on objectives covering the entirety of FCNI's operations. The CQI includes process and performance outcomes which are established for each program. Once specific targets are identified in the CQI, they are assigned to respective managers and program supervisors for outcome accountability. Information needed to track outcomes is entered into the agency's proprietary information management system (Care Shepherd-see below). Process outcomes (# of clients served, hours, etc.) are monitored weekly and performance outcomes (success indicators) are monitored monthly and reported quarterly as needed for contract requirements and annually in a comprehensive Annual Report
      iii. An Adaptive Strategic Planning process which serves as an ongoing roadmap for organizational efficacy, growth, development and management. It is regularly monitored, updated and in view of our Executive Committee and Board of Directors
      iv. An Internal Auditing Program to ensure compliance conformance with multiple requirements, including: EPSDT/Mental Health requirements, accreditation standards, licensing standards and agency policy and procedure
      v. An Independent Financial Audit conducted annually
      vi. A functional TQM Workgroup which meets monthly to provide oversight and recommendations for improving overall TQM performance
   b. The Family Care Network has developed and maintains an electronic health records/information management system entitled "**Care Shepherd**." All program outcomes are tracked and reported through Care Shepherd functionality, based on user input, governed by a series of internal controls. Care Shepherd has the capacity to interface and communicate with other EHR systems, so long as that system has equal capability
   c. All required County contract outcomes are entered into Care Shepherd and monitored through our CQI process. Our Quality Management Coordinator prepares and submits quarterly contract reports to respective County departments
   d. Some of our basic data tracking activities include, but are not limited to:

i. All client intake information, demographics, assessments, psychosocial history, et cetera, is entered by appropriate clinical staff and is date stamped and track-able
ii. Treatment/Services Plans are entered by appropriate clinicians and are date stamped and track-able
iii. Treatment/Service plan updates and amendments are also date stamped and track-able to ensure completion compliance within statutory time frames
iv. All service delivery notes are date and time stamped, and indicate the services location enabling us to track field versus clinic services ratios
v. All staff-client ratios are tracked in Care Shepherd
vi. At the completion of service delivery, clinicians are required to enter a specific outcome information for each client
vii. Quarterly, every clinician/case manager is required to complete a quarterly progress assessment utilizing the following indicators:

- Temporary psychiatric Hospital/5150
- Arrested/cited for criminal offense
- Dropped out of school
- High School graduation or equivalency
- Stable functioning at school - participating, good grades, learning
- Stable functioning at school
- In process of guardianship or adoption
- Has established permanent connections
- Maintains essential permanent connections
- Maintained stable placement
- Has all vital documents (Birth cert, SSN, personal health information)
- Secured housing and furnishing
- Stable functioning - Out of trouble and engaged in self-controlled positive and nonviolent behavior
- Expelled/suspended from school
- Attending vocational training
- Child/youth was sent home from school due to behavior
- Attending College
- Receiving special educational service
- Employed
- Seeking employment
- Prepared a resume
- Established a career objective
- Has a savings account
- Follows a budget
- Responsible banking
- Paying bills and wise spending
- Utilizes transportation (car, public, bike, friends)
- Able to obtain/purchase healthy groceries
- Provided information on community resources
- Stable functioning at home - interacting positively with all resident
- Stable functioning at home - Receiving appropriate care, shelter, food, and other necessities of life
- Participated in a youth meeting, community-based support group or family team meeting.
- Runaway
- Do the participants have children?
- Utilized community resources
- Assigned a mentor, intern, or tutor
- Has private insurance
- Has Medi-Cal insurance
- Received healthcare service
- Received dental care services and or information
- Receiving substance abuse services
- Receiving mental health services
- Receiving parenting education
- Participates in ILP
- Successfully completed TILP goals
- Participates in positive social activities
- Unique culture has been integrated into plan
- Is the participant homeless?
- After exiting, maintained housing for at least one year

2. For FSP monitoring, we tracked the outcomes identified above, plus, there is a set of Service Specifications required by our Behavioral Specialist; this includes: dress/grooming/hygiene; travel; budgeting; family/social interactions; coping with symptoms; managing stress; managing illness; making appointments; shopping; household management; referrals; individual rehabilitation activities; crisis care; and Interfacing with other treatment providers.
    a. All of these Service Specifications are tracked through our Quarterly Progress Assessment process.

e. How data will be analyzed and reported to the County, and used to affect service delivery:

1. As indicated above, the FCNI Quality Management Coordinator will be responsible for collecting and analyzing data on a quarterly basis and will prepare reports to be sent to SLOBHD on a quarterly basis.
    a. Prior to the report being sent, it is reviewed by the agency's Clinical Director/COO and the FSP Program Supervisor
    b. A copy of our current quarterly reporting template is included in the appendix (Appendix 3)
2. All data collected and evaluated in our CQI process is used for "Practice-Improvement" purposes. This includes:
    a. Determining if we are performing at the level of expectation
    b. For subpar performance, initiating an assessment to determine what elements or conditions may exist as obstacles to achieving our desired outcome
    c. Implementing steps to improve performance
    d. Providing more intensive monitoring to ascertain the impact of improvement

Section-6. Organizational Capacity

***a. Current and past projects FCNI has conducted in partnership with SLO County's Behavioral Health Department*:**

1. The Family Care Network has had a contractual relationship with the San Luis Obispo County Behavioral Health Department since 1999, starting with TBS.
2. Presently, FCNI is contracted with SLO County's Behavioral Health Department to provide: 1) Wraparound Services; 2) TBS; 3) Katie A; and 4) Treatment Foster Care; FCNI also provides Rehabilitation Specialists for the 5) FSP Children & Youth and TAY programs and 6) the school-based, TLC programs.
3. FCNI has jointly presented with SLO County's Behavioral Health Department at several state Wraparound Conferences and in providing consultation services to other counties.
4. FCNI has clinical staff who participate on the County's Cultural Competency Committee
5. FCNI has partnered with SLOBHD in training, most recently including Train the Trainers on CANS and Trauma Informed Care
6. SLOBHD recently participated in the FCNI hosted summit on Therapeutic Foster Care in Kinship Care
7. FCNI and SLOBHD have partnered, under the umbrella of the Children's Services Network in the creation of numerous programs benefiting children, youth and families in San Luis Obispo County, including, but not limited to: SAFE regional service centers, Wraparound, TFC, TAY services programs, and MHSA programs.

For 27+ years, FCNI has enjoyed excellent working relationships with all San Luis Obispo County agency partners, including: SLOBHD, DSS, Probation, COE, the Sheriff's Department and the District Attorney's Office. As a SLO County therapeutic foster care, Wraparound, TBS, THPP, THP+ and THP+FC provider, interagency relationships are critical to the success of our mutual clients. Over the years, we have developed excellent, open communications and a solution-focused, strength-based approach to addressing any issues that may arise. We have demonstrated through our multiple programs in SLO County, the importance and effectiveness of excellent working relationships with shared values and goals, and look forward to continuing this service delivery approach through the FSP program.

b. Capacity to conduct activities using electronic health record:

1. The Family Care Network has been working within an "Electronic Health Record" environment for over 20 years. The agency has created and maintains a proprietary information management system, "**Care Shepherd**" which has the capacity to electronically perform all case management functions, fully conformed to the San Luis Obispo's County Mental Health standards including, but not limited to:
   a. Assessment
   b. Case Planning in multiple formats, (i.e., ISP/ITP, CWS/CCL, Safety Planning, TILP and transition plans, et cetera)
   c. Plan Updating with iterative date stamping
   d. Case Notes for all plan activities and contacts
   e. Full outcome input and tracking capacity
   f. Mileage tracking
   g. Full interface with HR and Payroll, with the capacity for time studying
   h. Electronic auditing and controls
   i. Robust reporting capacity
   j. All LPHA and QMHW qualified staff are fully trained in providing and properly documenting specialty mental health services
2. FCNI has been directly billing Specialty Mental Health Services activities with SLOBHD for over 15 years, and is currently partially integrated with Cerner Community Behavioral Health (formerly **Anasazi**)
   a. FCNI maintains 1.5 FTE Medical Records processing staff
   b. The agency currently has 6-8 users with full access to **Anasazi** to transact all the required documentation the case ASI
   c. As mentioned, in the past 10 years FCNI has billed 17,411,781 units of Specialty Mental Health services with SLOBHD, totaling $32,220,985 and in our entire EPSDT delivery history, we have not had one audit disallowance resulting in a payback to the county/state.
3. Family Care Network's Care Shepherd system has the capacity to electronically communicate, import and export client records, case plans, notes, et cetera, with other EHR platforms, (i.e., Anasazi), so long as the EHR system is properly designed to exchange electronic medical records in accordance with federal standards and requirements.

c. Fiscal/accounting procedures and capacity:

FCNI's Accounting Procedures & Capacity

1. The agency follows Generally Accepted Accounting Standards for non-profit organizations and follows federal uniform administrative requirements, cost principles and audit requirements which establish the principles for determining costs of grants, contracts and other agreements with governmental agencies which fully conform to GAP and OMB A-87, A-122 and A-133. Additionally, the agency monitors costs charged to county or governmental contracts to ensure all contract restrictions are followed.
2. FCNI uses **Blackbaud Financial Edge** to record and maintain all financial accounting records which gives the organization the ability to effectively manage multiple programs (19), multiple cost centers and a very robust, complex accounting system.
3. The agency undergoes an annual independent Single Audit under the highest A-133 audit standards. Family Care Network, Inc. has without exception received unqualified audit reports with no material findings.
4. FCNI has successfully prepared and submitted MediCal Cost Reimbursement reports for every year of service delivery.

Accounting for Shared Costs and Cost Allocation Procedures:

Direct and Indirect costs are allocated to programs with the following methodology:

1. At the accounts payable and payroll levels, allowable expenses are determined to be either program specific (direct) or shared among two or more programs (indirect).
2. Program specific direct costs are those which can be identified with a revenue source or program benefiting from the direct costs, such as direct payroll and foster care payments. Direct client contact is supported by employee entered case notes which are "pushed" to the employee's time card and charged to the specific program the client was enrolled in. All additional payroll related costs for direct service staff, including administration, training, time off and benefits are charged to program the direct service employee is assigned. When an employee works in multiple programs, their client contact time is charged to the program the client is enrolled in and their non-client related payroll (meetings, admin, vacation, sick, etc.) is charged to a cost pool which includes all programs the job classification works in. These pooled costs are allocated monthly to programs based on a percentage of direct time charged to each program in the pool. Direct costs associated with each employee such as employee cell phone usage, payroll taxes and employee benefits, etc. are spread with each payroll accrual to programs on the same ratio as time card hours worked in each program.
3. Shared costs are costs that benefit the organization as a whole and are difficult to specifically identify with a program. These costs are pooled monthly and allocated proportionately to all programs based on direct payroll percentage by program for individual cost pools or all agency cost pools. Each program is allocated a percentage of shared costs based on its percent of employee direct time spent on each program as a pro-rata of total direct time across all programs. These costs include shared administrative and professional services, insurance, office expense, rent, utilities, maintenance and shared supplies.

4. All fundraising costs are separately categorized and charged against fund-raising income.
5. Administrative costs such as finance, human resources, technical staff and shared clerical staff, and their portion of associated shared costs are posted to a separate program called "Administration" and charged monthly to each program based on a pro-rata share each programs total payroll costs. This charge is called "Allocated Administration."
6. Unallowable costs including fundraising costs, client costs not allowable by program, unallowable food or entertainment are charged to a separate functional expense statement and are allocated to their share of Allocated Administration.

d. Three client/business references:

1. **Lee Collins**, Director of the Department of Social Services, San Luis Obispo County
Address: PO Box 8119, San Luis Obispo, CA 93403-8119
Email: lcollins@co.slo.ca.us
Phone: (805) 781-1825

2. **Jim Salio**, Chief Probation Officer, San Luis Obispo County
Address: 1730 Bishop Street, San Luis Obispo, CA 93401
Email: jsalio@co.slo.ca.us
Phone: (805) 781-1039

3. **Jill Heuer**, Director of SELPA, San Luis Obispo County Office of Education
Address: 8005 Morro Road, Atascadero, CA 93422
Email: jheuer@sloselpa.org
Phone: (805) 782-7301

Section-7. <u>Cultural Competence</u>

a. How services meet the requirements of cultural competence set forth by the MHSA plan:

1. The Family Care Network has 27+ years of experience meeting the needs of our diverse community and has adopted a comprehensive and systematic approach to integrating cultural diversity into our organization and service delivery. We meet the linguistic needs of our clients, we provide many forums for consumer voice and input, cultural considerations are always considered in the treatment planning process and we assist clients in developing a culturally appropriate community support network as part of their transition and long-term stability planning.
2. FCNI is an equal opportunity employer and maintains a policy of non-discrimination in all phases of employment: foster parent, volunteer and mentor recruitment and service delivery. Paid and non-paid staff recruitment, hiring and promotion; foster parent recruitment and certification; and program eligibility and service delivery is without regard to race, religion, color, national origin, marital status, medical condition, political affiliation, military status, perceived gender, sexual orientation, age or any other legally protected classification.
3. Due to the large Hispanic community served by the organization, the agency targets recruitment efforts to employ bilingual and bi-cultural treatment professionals to meet the critical needs of our

Spanish speaking community. Currently, 17.75% of all of FCNI's staff are bilingual Spanish-speaking (14.75% in San Luis Obispo County alone), including: 45% of Social Worker staff; 20% of all Rehabilitation Specialists; and 25% of our Family Partners.

4. FCNI also provides extensive staff training on Culture and Culturally Competent Service Delivery, at minimum, six hours upon initial employment and two to four hours annually. Other aspects of our staff development:
   - Treatment staff receive initial and on-going training and supervision designed to help them with becoming aware of their own beliefs, values and biases and our professional responsibility to recognize that others we serve may hold different values, beliefs and customs.
   - Family members and consumers are routinely used to provide staff training to promote and enhance the client/consumer perspective.
   - Supervision, case staffing and debriefing provide another teaching forum for insuring that the unique cultural characteristics of clients are accounted for and considered.

5. In regards to FCNI's Direct Services, the agency is committed to remaining culturally sensitive and inclusive. Within the Child/Family Assessment, the FCNI Social Worker will work with the family, child and TAY team to identify:
   - Their cultural background (what they are comfortable sharing),
   - Ethnicity;
   - Primary language, secondary language and other languages (if applicable);
   - Community organization affiliations;
   - Religious or spiritual affiliation;
   - Socioeconomic status;
   - Sexual orientation; and
   - Physical and learning disabilities.

6. FCNI Social Workers also integrate the family and client's unique culture into the ISP/ITP. As a result of becoming aware of the family's unique culture, coupled with a strength-based approach to service delivery, the family becomes more comfortable with identifying ways to integrate their culture into developing supports of their choosing which are culturally relevant to them. Examples of integrating culturally aware practices may include the following:
   - Families may request that their pastor join their Child and Family Team
   - Families may prefer individual/couples counseling services through their community church
   - Parents who cannot read may request that Child and Family Team meetings not include written material
   - Parent(s) with a social anxiety, may request a small team and to hold meetings around her kitchen table
   - Linking a grandparent to a Grandparent Support Group
   - Staff person acknowledges their own cultural biases and seeks supervision to develop a course of action that puts the family's cultural value above their own

7. Consumers are included on every level of service with FCNI, including the development of services and the delivery of services. Based on a recent confidential Employee survey with a 70% response rate, 64% have personally been treated for mental health/drug-alcohol issue, and 78% have had an

immediate family member who has been treated for mental health/drug-alcohol issue. Additionally, FCNI also has two key positions within the FSP program which must be filled by current and/or past consumers. These positions include our Family Partner and Youth Partner.

- **Family Partners** have parented or are currently the parent/caretaker of a severely emotionally disturbed special-needs juvenile offender or "high risk" child, youth or teen who has been involved in either the legal system or who has been in CWS, Probation, Special Ed, etc., enabling them to provide critical support to parents served by FCNI from the parent's perspective. Family Partners may attend community meetings such as school meetings, Individual Education Program meetings, court appearances, Mental Health appointments, etc., to provide support to parents/caregivers. Additionally, they can assist the family in navigating the systems of services linking them to resources as well as assisting the parent/caregiver with the development of life-skills and parent skill enhancement.
- **Youth Partners** have been involved with youth in either the legal system or have been in CWS, Probation, Special Ed, etc.

8. FCNI's Board of Directors also seeks to maintain diversity by including consumers, families, adoption families, community and professionals from many ethnic groups, and reserves a seat for foster family (former or liaison) representation. Currently, FCNI's Board of Directors is made up of one Foster/Adoptive parent, one past-consumer of services and several previous employees. Based on a recent confidential Board survey, 86% have personally been treated for mental health/drug-alcohol issue **or** have had an immediate family member who has been treated for mental health/drug-alcohol issue.

Section-8. Program/Project Budget

The following is a Line Item Budget that includes: 1) The revenue and expenditure projections for three fiscal years (July-June); and 2) Budget projections with estimated MediCal and other revenue reimbursement offsets with a detailed Budget Narrative

FCNI Child & Youth and TAY Full Service Partnership Program

THREE YEAR DRAFT BUDGET

Revenue	Contract Rate Min.	EPSDT Units	2015-2016	2016-2017	2017-2018
Contract using MHSA			$ 592,000	$ 587,000	$ 605,000
EPSDT billing	2.00 - 2.12	165,000	$ 330,000	$ 340,000	$ 350,000
Total Contract Revenue			$ 922,000	$ 927,000	$ 955,000
Expense Summary					
Payroll			$(525,000)	$(523,000)	$(538,500)
Payroll taxes and benefits	22%		$(115,500)	$(115,000)	$(118,500)
Direct Administration			$ (40,000)	$ (41,000)	$ (42,500)
Building and Vehicle			$ (98,000)	$(100,000)	$(103,000)
Child/Youth Related Costs			$ (47,000)	$ (48,500)	$ (50,000)
Supporting Services Allocation			$ (96,500)	$ (99,500)	$(102,500)
Expense Summary Total			$(922,000)	$(927,000)	$(955,000)
Net Income Over (Under) Expenditures			$ -	$ -	$ -

Expenditure Narrative

The following is a narrative description of expenditures by line item and an explanation of need.

Payroll Description: Payroll includes cost of direct staff working with clients, supervision, management and direct support staff. The following is the cost breakdown by staff level for the three year budget period.

Payroll Detail						
	Staff Description	**FTE'S**	**Year 1 Hourly Rate**	**2015-2016**	**2016-2017**	**2017-2018**
	Rehabilitation Staff	4.00	$ 16.65	$ 138,500	$ 143,000	$ 147,500
	Social Work Staff	4.00	$ 27.00	$ 224,500	$ 231,000	$ 238,000
	Family Partner	0.50	$ 20.00	$ 21,000	$ 21,500	$ 22,000
	Youth Partner	0.50	$ 14.00	$ 14,500	$ 15,000	$ 15,500
	Recruiter for Volunteers	0.50	$ 16.50	$ 17,000	$ 17,500	$ 18,000
	Supervision	1.00	$ 35.00	$ 73,000	$ 75,000	$ 77,000
	Management	0.30	$ 42.00	$ 26,000	$ 27,000	$ 27,500
	Direct Support	0.30	$ 16.60	$ 10,500	$ 10,500	$ 11,000
				$ 525,000	$ 540,500	$ 556,500

Payroll Taxes and Benefits: Represents current and estimated payroll tax and benefits expense as a percentage of payroll.

Payroll Tax	8%	FICA, Medicare and SUI			
Health	12%	Health, Vision Dental and Life Insurance			
403(b) Match	2%	Employer match estimate			
Total	22%				

Direct Administration: Represents direct cost for necessary administrative expenses such as advertising, auditing, telephone, training, insurance, interest, dues, supplies and postage. These estimated amounts are derived from agency historical and estimated amounts.

Building and Vehicle: Represents direct costs and a pro-rata allocation of building and vehicle costs based on actual use or estimated square foot usage of administration facility. The amount includes costs of lease, utilities, equipment and building maintenance expenditures.

Child/Youth Related Costs: Represents direct client related costs which support the client in maintaining their placement. Budgeted costs average about $100 per month per client. If awarded the contract, Family Care Network intends to work with Department of Social Services to allocate additional expenditures for child/youth needs to be funded through the Wraparound Reserve, up to an additional $250 per client monthly.

Supporting Services Allocation: Includes a prorate share of indirect administrative costs such as finance, human resources, technical staff and shared clerical staff posted to a separate program called "Shared Administration" and charged monthly to each program based on a pro-rata share each programs payroll, building and administration costs. This charge is called "Allocated Administration." This allocation is percentage varies, but is normally between 10% and 12% of direct costs.

Section-9. Fees and Insurance

As a current Contractor with San Luis Obispo County Behavioral Health Department, the Family Care Network has an existing Certificate of Liability Insurance which meets all of the requirements set forth in the RFP. Additionally, the Family Care Network with the county's contracting policies, including indemnification requirements and language.

Our current Certificate of Liability Insurance is included in the appendix (Appendix 2) for review.

APPENDIX

Appendix-1. **LOCAL VENDOR PREFERENCE**

LOCAL VENDOR PREFERENCE

The County has established a local vendor preference. When quality, service, and other relevant factors are equal, responses to Requests for Proposals will be evaluated with a preference for local vendors. Note the following exceptions:

1. Those contracts which State Law or, other law or regulation precludes this local preference.
2. Public works construction projects.

A "local" vendor preference will be approved as such when, 1) The vendor conducts business in a fully staffed office with a physical address within the County of San Luis Obispo; 2) The vendor holds a valid business license issued by the County or a city within the County; and 3) The vendor has conducted business at the local address for not less than six (6) months prior to the due date of this Request for Proposal..

Proposals received in response to this Request for Proposal will be evaluated by the Selection Committee considering the local vendor preference described above when quality, service and other relevant factors are equal. The burden of proof will lie with proposers relative to verification of "local" vendor preference. Should any questions arise, please contact a buyer at (805) 781-5200.

	YES	NO
Do you claim local vendor preference?	■	☐
Do you conduct business in an office with a physical location within the County of San Luis Obispo?	■	☐
Business Address: 1255 Kendall Road, San Luis Obispo, CA 93401		
Years at this Address: 1.25 years. Administrative Offices has been in San Luis Obispo for 27 years		
Does your business hold a valid business license issued by the County or a City within the County?	☐	■
Name of Local Agency which issued license: FCNI is CA certified MediCal and Foster Care provider		

Business Name: Family Care Network, Inc.

Authorized Individual: Jim Roberts Title: CEO

Signature: _____ Dated: 2/5/15

Appendix-2. **FEES AND INSURANCE**

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Lisa Murdoch, CIC
Engle & Associates Insurance Brokers 1236 Higuera Street San Luis Obispo CA 93401	PHONE (A/C, No, Ext): (805) 544-8929 FAX (A/C, No): (805) 781-6339 E-MAIL ADDRESS: lisa@engleinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Nonprofits Insurance Alliance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Family Care Network Inc
1255 Kendall Rd

San Luis Obispo CA 93401

COVERAGES **CERTIFICATE NUMBER:** CL144103944 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		2013-01476	4/1/2014	4/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	X		2013-01476	4/1/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Unisnured/underinsured	$ 1,000,000 $ $ $ $ 1,000,000
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	X		2013-01476-UMB	4/1/2014	4/1/2015	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is named as Additional Insured for General Liability and Auto Liability as per attached endorsement form #CG 20 26 07 04 but only with respects to the operation of the Named Insured.

CERTIFICATE HOLDER

San Luis Obispo County Behavioral Helath
2178 Johnson Avenue
San Luis Obispo, CA 93401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J Engle-Allen, CLCS/W

ACORD 25 (2010/05)
INS025 (201005) 01

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Professional Liability per occ			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Professional Liability aggregate			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
3,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	D&O/EPLI			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	SEXUAL ABUSE Liability Occurence and Agg			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Employee Benefits	EBLIA		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Fiduciary - ERISA sublimit			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
500,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Medical payments	MEDPM		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
5,000					

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

OFADTLCV

Appendix-3.

BEHAVIORAL HEALTH CONTRACT QUARTERLY REPORT

For Fiscal Year: 2014-2015

PROGRAM: MHSA TAY FSP

CONTRACT# **REPORT FOR QUARTER ENDING: 9/30/14** **DATE FORM COMPLETE:**

AGENCY: Family Care Network, Inc. **CONTACT PERSON: Bobbie Cherry Boyer** **CONTACT #: 781-3535**

PROGRAM GOALS	PERFORMANCE OBJECTIVES AND OUTCOMES	PROGRAM ACTIVITIES AND THE METHOD OF EVALUATION
Provide 2.0 FTE Personal Services Specialists to provide resource support within an integrated Full Service Partnership (FSP) team for 15-25 transitional age youth(16-21 years), depending on severity, with one or more of the following characteristics: ***Chronic history of 5150, hospitalizations, emergency room (ER) visits, law enforcement involvement; dual diagnosed; foster youth with multiple placements, or aging out/have aged out; recently diagnosed (could be identified via juvenile justice system).***	**Units of Service:** • Serve 25 youth • 25 Slots • 75,000 Service Units **Measurable Outcomes:** • 85% of clients are able to remain in current residence • 85% of clients demonstrate stable functioning- receiving appropriate care, shelter, food, and other necessities of life • 85% of clients demonstrate stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior **Current Quarter Achievements:** - • clients were served. • service units were provided representing % of the annual contracted units. • % of clients are able to remain in current residence • % of clients demonstrate stable functioning- receiving appropriate care, shelter, food, and other necessities of life • % of clients demonstrate stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior **Year to Date Achievements**: 07/01/14- • clients were served. • service units were provided representing % of the annual contracted units. • % of clients are able to remain in current residence • % of clients demonstrate stable functioning- receiving appropriate care, shelter, food, and other necessities of life • % of clients demonstrate stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior	**Service Specifications**: Personal Services Specialist will be involved in day to day client skills-building and resource support to include: 1. Dress/grooming/hygiene 2. Travel 3. Budgeting 4. Family/social interactions 5. Coping with symptoms 6. Managing stress 7. Managing the illness 8. Take to appointments 9. Shopping 10. Household management 11. Referrals 12. Individual rehabilitation activities 13. Crisis care 14. Interface with other treatment provided